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440 E. Main, Gardner, Kansas 66030 (913) 856-7312 Fax 856-5733

## **PUBLIC SAFETY**

### **EMPLOYMENT APPLICATION**

This is to advise you that the information solicited in the enclosed application for employment is necessary to complete the background investigation required by official policy to determine your eligibility for employment with the City of Gardner Public Safety Department, Police Operations. The disclosure of this information is voluntary, however, in order that the department will have adequate information to complete its investigation, it is necessary that you complete the application in its entirety and submit any and all documents requested. The information solicited, and the results of the investigation that follows, will be used to determine your eligibility for employment

Please sign this form and return same with the application. You should be aware that willfully making a false statement or concealing a material fact on your application or subsequent interview could be the basis for rejection as a candidate for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Received By

Gardner Department of Public Safety

EMPLOYMENT APPLICATION

Please print with black ink or type. All questions require specific answers. Applications not completed in their entirety will not be accepted. Read through the application once before beginning.

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Expiration date of Driver's License: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Highest Education Level Reached: \_\_\_\_\_

Name of High School and Location: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Attended College: Yes No Hours Received: \_\_\_\_\_

Major Subjects: \_\_\_\_\_

Trade Schools or Military Specialist Schools: (List Below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any activities that occurred during school attendance or Military Attendance, which you feel would be beneficial to you in your Public Safety career:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gardner Department of Public Safety

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**EMPLOYMENT:**

Last or present Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties/responsibilities: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Past Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties/responsibilities: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Past Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties/responsibilities: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

May we contact the above employers to ask questions about your working skills? Yes No

Explain: \_\_\_\_\_

Have you been in the Military Service? Yes No If so, what branch: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Highest Rank Attained: \_\_\_\_\_

Please attach a copy of Form DD #214 if you have military service.

**REFERENCES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Gardner Department of Public Safety

EMPLOYMENT APPLICATION

**PERSONAL INFORMATION:**

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_ DOB of Spouse: \_\_\_\_\_

Employment of Spouse: \_\_\_\_\_

Please list names and ages of children: \_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Please list names and ages of Sisters and Brothers: \_\_\_\_\_

\_\_\_\_\_

Have you ever been divorced? Yes No If so, list the court of record and the name of ex-spouse:

\_\_\_\_\_

Has any member of your family ever been convicted of a crime or engaged in activities, which could compromise your position as an employee of this agency? Yes NO Please explain: \_\_\_\_\_

\_\_\_\_\_

Addresses for the past 10 years:

How long at the Present Address? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gardner Department of Public Safety

EMPLOYMENT APPLICATION

**PERSONAL INFORMATION:**

Social Security #: \_\_\_\_\_

Creditors: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Creditors: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Creditors: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Creditors: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Have you ever been involved in the following actions?

Items repossessed: Yes No      Garnished Wages: Yes No      Bankruptcy Yes No

If the answer is yes to any of the questions, please describe what the results were, when and where: \_\_\_\_\_

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Please describe your credit rating: \_\_\_\_\_

Please list bank accounts below:

Checking account #: \_\_\_\_\_ Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Savings account #: \_\_\_\_\_ Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Have you ever been arrested, convicted, charged or involved in any criminal court or traffic situations: Yes No

If Yes, please explain: \_\_\_\_\_

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Is this application truthful and answered to the best of your knowledge? \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

DEPARTMENT OF PUBLIC SAFETY  
440 E. Main  
Gardner, Kansas 66030

**AUTHORITY TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby authorize any public safety officer or other authorized representative of the Department of Public Safety, Police Division, bearing this release, or copy thereof, within one year of its date, to obtain information in your files pertaining to my employment, military, credit or educational records, including but not limited to academic achievement, attendance, athletic, personal history and disciplinary records, medical records and credit records. I hereby direct you to release such information upon request of the bearer of this release. This release is executed with full understanding that the information is for the official use of the Department of Public Safety, Police Division, Gardner, Kansas.

Consent is granted for the Department of Public Safety, Police Division, to furnish such information as directed above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at the time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with. Should there be any question as to the validity of this release, you may contact me as indicated below.

Consent is also granted for any individual indicated on the application form as a reference to give, in writing, a statement pertinent to my personal character and professional abilities. You will find the appropriate form attached.

This release must be signed in the presence of a representative of the Department of Public Safety, Police Division, or a Notary Public.

FULL NAME (signature): \_\_\_\_\_

FULL NAME (printed): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
(Department of Public Safety, Police Division Representative or Notary Public)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Seal